E E A			APPARATUS F	RTUAL DEVICE		SUMPTION IN A	<u> </u>		
EnclosedX_	7 (s	even) Iment of the in		(Title) (s) of Drawings					
<u>_x</u> _	Assignn A Declar	nent Cover ation and Po	Sheet Form PT ower of Attorney	(XXsig	ned/ tus under 37 (unsigned). C.F.R. §§ 1.9 and 1.27.	<u> </u>		
The Filing	g Fee has b	een calcula	ited as shown b		ALL ENTITY	OTHER THAN A SMALL ENTITY	<u> </u>		
For:		No. Filed	No. Ex			Rate Fee	BEST	AVAILAB	LE COPY
Basic Fe	e:				\$ 365	\$ 730			
Total Cla	ms:	20	- 20	0 x 1	1 \$	x 22 \$ 0			
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	difference in the difference i		ss than zero,	TOTA	L \$	TOTAL \$ 730			
X	A check	or \$ 730.00)	for the filing fe	e is enclosed.				
x	duri	ng the pend osit Accou	is hereby authories apoint No. 02-266	prized to charge plication, or cre 6. A duplicat	e payment of to dit any overpa te copy of the	nis sheet is enclosed.		No.	
X			fees. Any filing fee dence to the ur	es under 37 C.F dersigned at B	R. § 1.16 for	.17, including any extension of extra claim KOLOFF, TAYLOR &		· .	
	ZAF and	direct all te	o wiisnire Bou lephone calls to	evard, Seventro the undersign	n Floor, Los A led at (408) 72	ngeles, California 90025, 20-8598.			
				Respectfully	submitted,			41	
				BLAKELY SO	OKOLOFF TA	YLOR & ZAFMAN			
		1/29	_, 1994	By Minhael	I. Mallie				
Date:	/ /			MICHAEL L					
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